



MEMBERSHIP FORM

CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

533A-5th Floor, 715 McDermot Avenue, Winnipeg, MB R3E 0V9

Telephone: 204-594-5323 Website: goodbear.ca

Email: childrenshospitalguildofmb@gmail.com

Name: _____

Address: _____ Postal Code: _____

I wish to receive correspondence by Canada Post

Email Address: _____

I wish to receive correspondence by e-mail

Phone Numbers: HOME: _____ Cell: _____

Guild activities you would like to participate in:

Nearly New Shop Sew4Kids Fundraising Events

Fashion Show CH Book Market Social Committee

How did you learn about the Children's Hospital Guild? _____

ANNUAL MEMBERSHIP FEE OF \$25 IS DUE JANUARY 31ST OF EACH YEAR

Payment may be made by cheque or e-transfer

Cheques should be made payable to: Children's Hospital Guild of Manitoba, Inc.

Please mail cheque and completed Membership Form to:

Ilene Holmes, 710 Cloutier Drive, Winnipeg, MB R3V 1A8 / 204-269-6662

E-Transfers should be submitted to: childrenshospitalguildofmb@gmail.com Please include your name and reason for payment and send a completed Membership Form to Ilene Holmes at the above address.

Withdrawal from the Guild: Please write to the Guild Secretary:

Marne Ross, 3203-55 Nassau Street, Winnipeg, MB R2L 2G8 or email: marnieevelynross@gmail.com if you no longer wish to be a member.

***I give permission for my contact information to appear on the Membership Roster:

YES NO

SIGNATURE: _____ DATE: _____

Office Use only:

PAID: Cheque _____ # _____ Cash _____ Date of e-transfer receipt: _____